



APPLICATION FOR CERTIFICATION

Pursuant to Arizona Revised Statutes §§18-947 and 948 and AAC R2-20-104 (D) UN 10

Initial Application Amended Application 2004-93064 NAME OF CANDIDATE OFFICE SOUGHT (Include Legislative District if applicable) SUBTELLE \bigcirc STATE HOUSE - DIST. 13 ADDRESS (NUMBER & STREET) CITY STATE ZIP 3636 N. BR AVENUE DNOENIX *25033* ᄾᅩ MAILING ADDRESS (If different from above) CITY STATE 기만 ΑZ **%50**75 PO Box 48562 Phaenix CANDIDATE'S TELEPHONE # CANCIDATE'S FAX # CANDIDATE'S E-MAIL ADDRESS 602-622-1610 MONIE STEVEINGALLARION (CON).COM CANDIDATE'S PARTY AFFILIATION (If any) DEMOCRAT NAME OF CANDIDATE'S COMMITTEE كعبيتمحك ZECH COMMITTEE COMMITTEE'S ADDRESS STATE 7IP **2**5615 DO BOX 48562 Phoenix AZ COMMITTEE'S E-MAIL ADDRESS COMMITTEE'S PHONE # COMMITTEE'S FAX # 602-622-1610 NONE 12012E NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. \$18-948) NOT APPLICABLE DESIGNATED INDIVIDUAL'S ADDRESS CITY STATE ZIP 乙りと同 **こり**るの DESIGNATEO INDIVIDUAL'S E-MAIL ADDRESS **DESIGNATED INDIVIDUAL'S TELEPHONE #** DESIGNATED INDIVIDUAL'S FAX # MOME NOME MOWIE LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)). CREDIT UMBN FEDERAL

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A,R,S, §16-948(B)): I hereby as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf,

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CCEC-003-APP/CERT-08/28/01

Application for Certification - Part II

CANDIDATE AND DESIGNATED INDIVIDUAL'S STATEMENT (A.R.S. §16-947): I, the undersigned, upon my oath and under penalty of perjury, certify that the following statements are true and accurate to the best of my knowledge and bellef: